

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/936985

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		2		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8	1			1		1
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1		1
13	1		1		1	
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TOTAL IND.	7		3		3	
TOTAL DEP.	12		11		12	
TOTAL CLAIMS	19		14		15	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS